

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

SEP 08 2004

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/08/2004

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Deposit: 's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/934,689 | 08/23/2001 | Young-Bin Im | P56540 | 8403 |

TITLE OF INVENTION: MASK FOR COLOR CATHODE RAY TUBE, MANUFACTURING METHOD THEREOF AND EXPOSURE MASK FOR MANUFACTURING THE MASK

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 09/08/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------|----------|----------------|
| ROY, SIKHA | 2879 | 313-403000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Robert E. Bushnell, Esq.
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SAMSUNG SDI CO., LTD

Suwon-si, Gyeonggi-do, KOREA

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

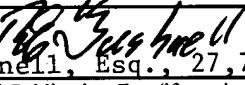
Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies _____

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)  (Date)
Robert E. Bushnell, Esq., 27,774 09/08/2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

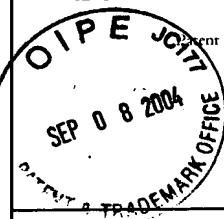
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/09/2004 EABUBAK2 00000043 09934689

01 FC:1501
02 FC:1504

1330.00 0P
300.00 0P

FEE TRANSMITTAL



Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)1,630.00

Complete If Known

| | |
|----------------------|----------------|
| Application Number | 09/934,689 |
| Filing Date | 23 August 2001 |
| First Named Inventor | Young-Bin Im |
| Examiner Name | Roy, Sikha |
| Group/Art Unit | 2879 |

Attorney Docket No.

P56540

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge any deficiencies:

FEE CALCULATION (continued)

Deposit Account Number: 02-4943 Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17. Applicant claims small entity status. See 37 CFR 1.272. Payment Enclosed:

(CHECK #48060)

 Check Credit Card Money Order Other

3. ADDITIONAL FEES

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|----------|----------|----------|----------|------------------------|----------|
| 1001 | 770 | 2001 | 385 | Utility filing fee | \$ |
| 1002 | 340 | 2002 | 170 | Design filing fee | \$ |
| 1003 | 530 | 2003 | 265 | Plant filing fee | \$ |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | \$ |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | \$ |

SUBTOTAL (1) (\$)0.00

2. EXTRA CLAIM FEES

| | | Extra Claims | Fee from below | Fee Paid |
|--------------------|---------|--------------|----------------|----------|
| Total claims | -20** = | 0 | x 18.00 | = 0.00 |
| Independent Claims | - 3** = | 0 | x 86.00 | = 0.00 |
| Multiple Dependent | | | | = |

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |
|----------|----------|----------|----------|------------------------------------------------------------|
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)0.00

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|----------|----------|----------|----------|--------------------------------------------------------------------|----------|
| 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 C.F.R. §1.129(a)) | \$ |
| 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 C.F.R. §1.129(b)) | \$ |
| 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | \$ |
| 8001 | 3 | | | Printed copy of patent w/o color | \$ |
| | | | | Other Fee (specify) _____ | \$ |

** Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$1,630.00

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name

Robert E. Bushnell, Esq.

Reg. Number

27,774

Signature

Date

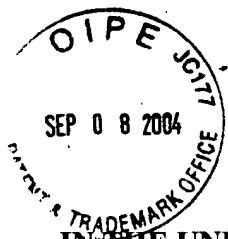
September 8, 2004

Deposit Account

User ID

REB/gc

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Patent
P56540

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

YOUNG-BIN IM et al.

Serial No.: 09/934,689

Examiner: Roy, Sikha

Filed: 23 August 2001

Art Unit: 2879

For: *MASK FOR COLOR CATHODE RAY TUBE, MANUFACTURING METHOD THEREOF AND EXPOSURE MASK FOR MANUFACTURING THE MASK*

ISSUE TRANSMITTAL

Mail Stop : ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This transmittal accompanies a signed Issue Fee Transmittal, PTOL-85B, and Applicant's check drawn to the order of the Commissioner of Patents & Trademarks in the amount of U.S. \$1630.00.

Respectfully submitted,



Robert E. Bushnell, Esq.
Reg. No.: 27,774

1522 "K" Street, N.W., Suite 300
Washington, D.C. 20005
(202)-408-9040

Enclosures: Issue Fee Transmittal, PTOL-85B, and check No.48060
Folio: P56540
Date: September 8, 2004
REB/gc